

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>EW</i>	<i>32</i>	<i>1/29</i>
FORMALITY REVIEW	<i>M.H.</i>	<i>625</i>	<i>02-15-01</i>
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                        I ..... Interference  
 - (Through numeral)..... Canceled    A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
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47	✓
48	✓
49	✓
50	✓

Claim	Date
Final Original	
51	✓
52	✓
53	✓
54	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy